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BWT LLP (BERKELEY)

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NO. 832 P. 2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Edward M. Goldberg et al.

Attorney Docket No.: KLA1P007

Application No.: 09/449,022

Examiner: LaRose, Colin M.

Filed: November 24, 1999

Group: 2623

Title: METHOD AND APPARATUS FOR
INSPECTING RETICLES IMPLEMENTING
PARALLEL PROCESSING**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted via facsimile to the U.S. Patent and Trademark Office, Attention: Examiner Colin M. LaRose at facsimile telephone number (703) 872-9306 on November 1, 2004.

Printed Name: Natalie Morgan

Signed: **AMENDMENT TRANSMITTAL**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	47	MINUS	47	00	x 9 =	x 18 = 00
Independent Claims	06	MINUS	06	00	x 44 =	x 88 = 00
Multiple Dependent Claim Present and Fee Not Previously Paid					\$150.00	\$300.00
Total					\$	\$0

- ☒ Applicant(s) hereby petition for a one month extension(s) of time to respond to the
aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is
determined that such an extension is required, Applicant(s) hereby petition that such an extension
be granted and authorize the Commissioner to charge the required fees for an Extension of Time
under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional
claim fee and/or extension of time fees.
- ☒ Please charge the required fees or \$110.00 and any additional fees required to facilitate filing the
enclosed response, to Deposit Account No. 500388 (Order No. KLA1P007).

Respectfully submitted,
BRYER WEAVER & THOMAS, LLP
Mary Ramos Olynick
Reg. No. 42,963P.O. Box 778
Berkeley, CA 94704-0778

03/18/2005 JMINOR 00000009 500388 09449022

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

09/449,022

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	47 minus 20 =	* 27
INDEPENDENT CLAIMS	6 minus 3 =	* 3
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 47	Minus ** 47	= 0
Independent	* 6	Minus *** 6	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
	380.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	760.00
X\$18=	486
X78=	234
+260=	
TOTAL	1480

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDITIONAL FEE	

TOTAL ADDIT. FEE

TOTAL ADDIT. FEE

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 47	Minus ** 47	= 0
Independent	* 6	Minus *** 6	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDITIONAL FEE	

TOTAL ADDIT. FEE

TOTAL ADDIT. FEE

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDITIONAL FEE	

TOTAL ADDIT. FEE

TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.